

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
AUG 10 2017
Bayfield Co. Zoning Dept

Permit #:	17-0418
Date:	10-16-17
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER							
Owner's Name: Thomas Pelteski	Mailing Address: P.O. Box 483 Iron River, WI 54847	Telephone: 715-372-4006					
Address of Property: 67450 Thorpe Road	City/State/Zip: Iron River, WI 54847	Cell Phone:					
Contractor:	Contractor Phone: 715-548477	Plumber Phone:					
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (Include City/State/Zip):					
PROJECT LOCATION: Section 13, Township 47 N, Range 9 W	Legal Description: (Use Tax Statement) 18355	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 1721 R.P. 387					
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: feet					
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: feet					
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement					
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	What Type of Sewer/Sanitary System Is on the property?	Water
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> City
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> _____
Existing Structure: (if permit being applied for is relevant to it)		Length:	Width:	Height:			
Proposed Construction:		Length:	Width:	Height:			

Proposed Use	✓	Proposed Structure			Dimensions	Square Footage
		Principal Structure (first structure on property)		(X)		
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)		(X)		
	<input type="checkbox"/>	with Loft		(X)		
	<input type="checkbox"/>	with a Porch		(X)		
	<input type="checkbox"/>	with (2 nd) Deck		(X)		
	<input type="checkbox"/>	with (2 nd) Deck		(X)		
	<input type="checkbox"/>	with Attached Garage		(X)		
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(X)		
	<input type="checkbox"/>	Mobile Home (manufactured date) _____		(X)		
	<input type="checkbox"/>	Addition/Alteration (specify) _____		(X)		
	<input type="checkbox"/>	Accessory Building (specify) _____		(X)		
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____		(X)		
	<input type="checkbox"/>	Special Use: (explain) Farming in Forested Pl		(X)		
	<input type="checkbox"/>	Conditional Use: (explain) _____		(X)		
	<input type="checkbox"/>	Other: (explain) _____		(X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Thomas Pelteski
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Record of Sale
SENT BY COUNTY CLERK

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attached Parcel information

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

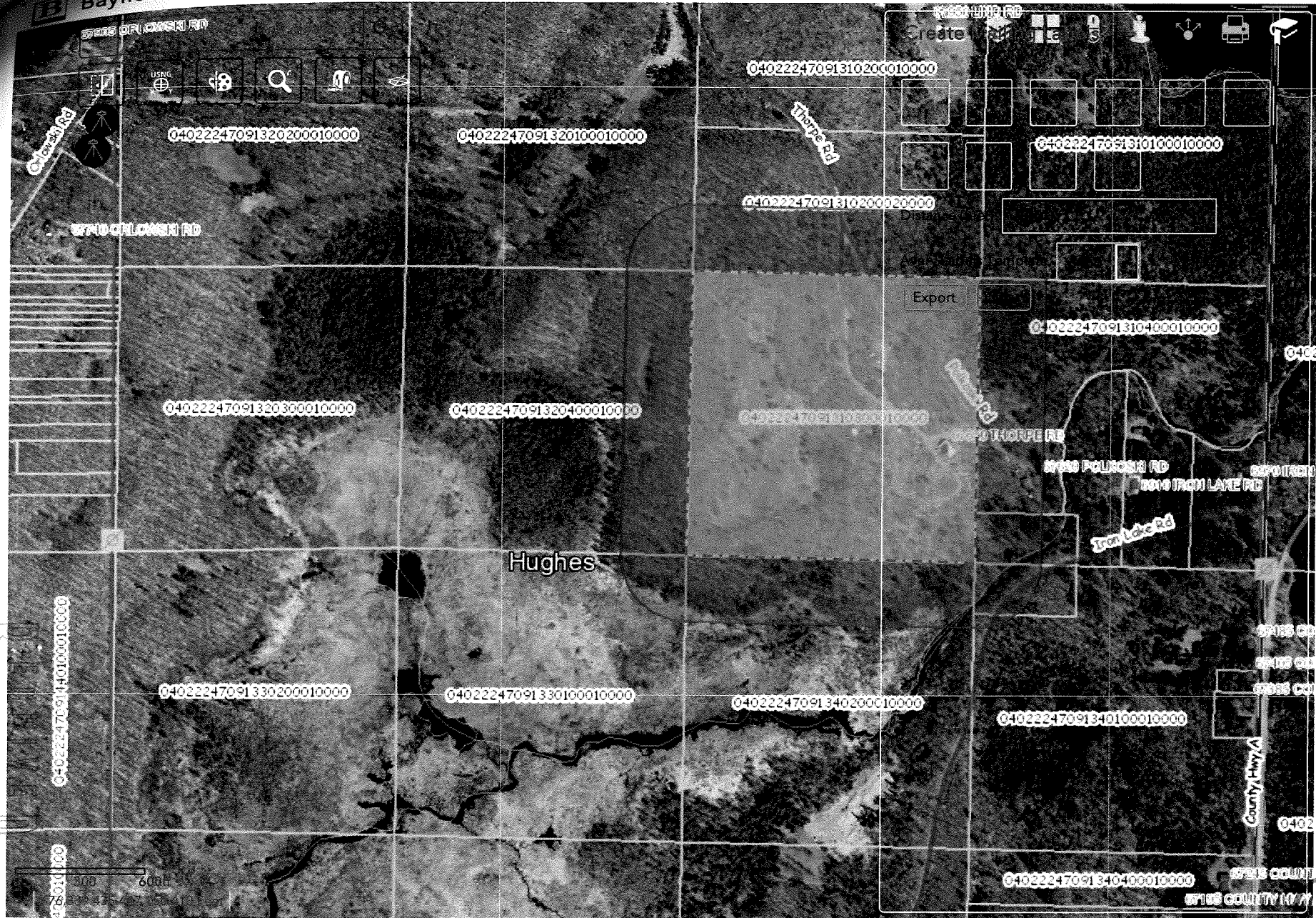
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>17-0418</u>		Permit Date: <u>10-16-17</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Fused/contiguous Lot(s))	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: <u>NA</u>		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: <u>Nearest Non-Family Residence 675' to west, Property located at end of a dead-end road. NO ISSUES with request.</u>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of inspection: <u>9/19/2017</u>		Inspected by: <u>Robert Schierman</u>		Zoning District (F1) Lakes Classification ()	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)		Date of Re-Inspection:			
Per Conditions of Zoning Committee approval.					
Signature of Inspector:		Date of Approval:			
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____	
		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____	



Bayfield County Land Records and GIS 1.1

Land Records Home Basic Viewer Help



Adj Property Owner

7/18/2017

SENT BY ZONING

City, Village, State or Federal
May Also Be Required

AND USE – X
SANITARY –
SIGN –
SPECIAL – Class B
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0418** Issued To: **Thomas Polkoski**

Location: **SW** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **13** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [Farming in Forestry Zone]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per conditions of Zoning Committee approval.

Committee Conditions: No more than 30 cattle or equal animal units. Proper fencing to control the animals.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

October 16, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

09-10-9-17

\$4900 + \$6100
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
JUL 31 2017
Bayfield Co. Zoning Dept

ENTERED

Permit #:	170403
Date:	10-18-17
Amount Paid:	900 7-31-17 100 7-31-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER											
Owner's Name: Gerald D Deborah Olson			Mailing Address: 67360 W Crystal Lake Rd, Iron River, WI			City/State/Zip: 54847			Telephone: (218) 393-0443		
Address of Property: Same			City/State/Zip:			Cell Phone: (218)			Plumber Phone: 715-383-2415		
Contractor: SELF			Contractor Phone:			Plumber: Superior Septic Solutions			Plumber Phone: 715-383-2415		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Furtak (715)			Agent Phone: 209-4935			Agent Mailing Address (include City/State/Zip): 6773 Iron River, WI 54847			Written Authorization Attached on file Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PROJECT LOCATION 1/4, Part of 4		Legal Description: (Use Tax Statement) Gov't Lot 4		Lot(s) 4		CSM 18492, 36826		Lot(s) No. 36826		Block(s) No.	
Section 15, Township 47 N, Range 9 W		Township: Hughes		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain: feet		Is Property in Floodplain Zone? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Are Wetlands Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input checked="" type="checkbox"/> Shoreland →		<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →		If Yes--continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain: feet		Are Wetlands Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Non-Shoreland											

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 300,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation		<input checked="" type="checkbox"/> + Loft	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> Walls out		<input type="checkbox"/> None	<input type="checkbox"/> _____	

Existing Structure: (if permit being applied for is relevant to it) Length: Removal Width: Removal
Proposed Construction: Length: 40 Width: 30 Height: 26

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		(X)	
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input checked="" type="checkbox"/>	with Loft above garage	(40x30)	1,200
		with a Porch entry	(28x35.5)	994
		with 2nd Porch	(4 x 8)	32
		with a Deck	(X)	
		with (2nd) Deck	(5x40)	200
		with Attached Garage	(4 x 8)	32
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Addition/Alteration (specify) _____	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Accessory Building (specify) _____	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Special Use: (explain) _____	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Conditional Use: (explain) _____	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Other: (explain) _____	<input type="checkbox"/>		(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

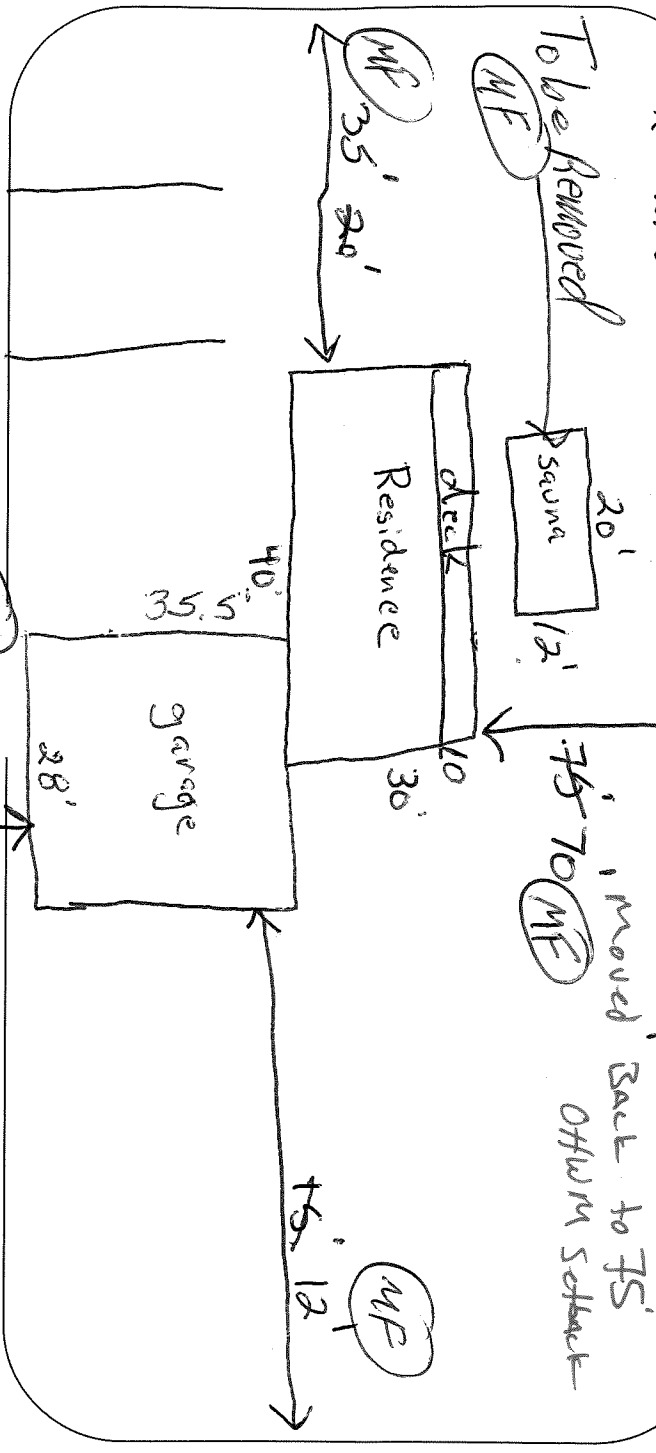
Owner(s): _____ Date: _____
(If there are Multiple Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: 6-29-17
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: 6173 Iron Lake Rd, Iron River, WI 54847
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Now: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **All Existing Structures on your Property**
- (4) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (5) Show: **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (6) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**
- (7) Show any (*):

Residence to be rebuilt in same footprint.



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point) **MF 35' 20' 105' 550'± 35' 12' 12'** Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130 Feet	Setback from the Lake (ordinary high-water mark)	175 Feet
Setback from the Established Right-of-Way	105 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	550'± Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	35 Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	12 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	TBD Feet	Setback to Well	TBD Feet
Setback to Drain Field	TBD Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0403		Permit Date: 10-18-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: NA	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Existing home removed. New home setback 75' from OHWM.		Zoning District (R-1) Lakes Classification (2)		
Date of Inspection: 7/18/2017		Inspected by: Robert Schirman		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Must Contact local Uniform Dwelling Code (UDC) inspection agency and Secure UDC permit as required by State Statute.				
Signature of Inspector:		Date of Approval: 10/17/2017		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

City, Village, State or Federal
May Also Be Required

LAND USE – X
SANITARY – 17-125S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0423** Issued To: **Gerald & Deborah Olson / Mike Furtak, Agent**

Location: - ¼ of - ¼ Section **15** Township **47** N. Range **9** W. Town of **Hughes**

Par in
Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Use:** [**1.5 - Story; Residence (40' x 30') = 1,200 sq. ft.; Loft (28' x 35.5') = 994 sq. ft.;**
Entry (8' x 4') = 32 sq. ft.; Deck #1 (44' x 10') = 440 sq. ft.;
Deck #2 (4' x 8) = 32 sq. ft.; Attached Garage (28' x 35.5) = 994 sq. ft.]
Total Overall = 2,698 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must contact local UDC inspection agency and secure UDC permit as required by State Statute.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

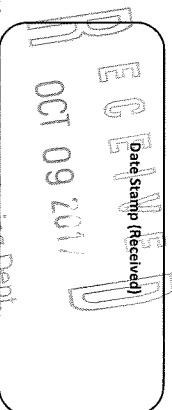
Authorized Issuing Official

October 18, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	176424
Date:	10-18-17
Amount Paid:	\$15 10-9-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Bayfield Co. Zoning Dept
Deck/Gazebo

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
Gerald & Deborah Olsen		67360 W Crystal Lake Rd		Fenton River, WI 54847		Cell Phone: (318) 393-0443		
Address of Property:		City/State/Zip:						
Same								
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
self				Superior Septic		(715) 292-2415		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (Include City/State/Zip):		Written Authorization Attached		
Mike Fortak		(715) 209-4935				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID #		Recorded Document: (i.e. Property Ownership)		
1/4, Part of 1/4		Gov't Lot 4		CSM Vol & Page		Block(s) No.		Subdivision:
								611008 790 877
Section 15, Township 47 N, Range 9 W		Town of:		Hughes		Lot Size		Acreage
								1.0 + 11.67
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: feet				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: <u>Conv</u>	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/>	
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>									

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	40	5	10

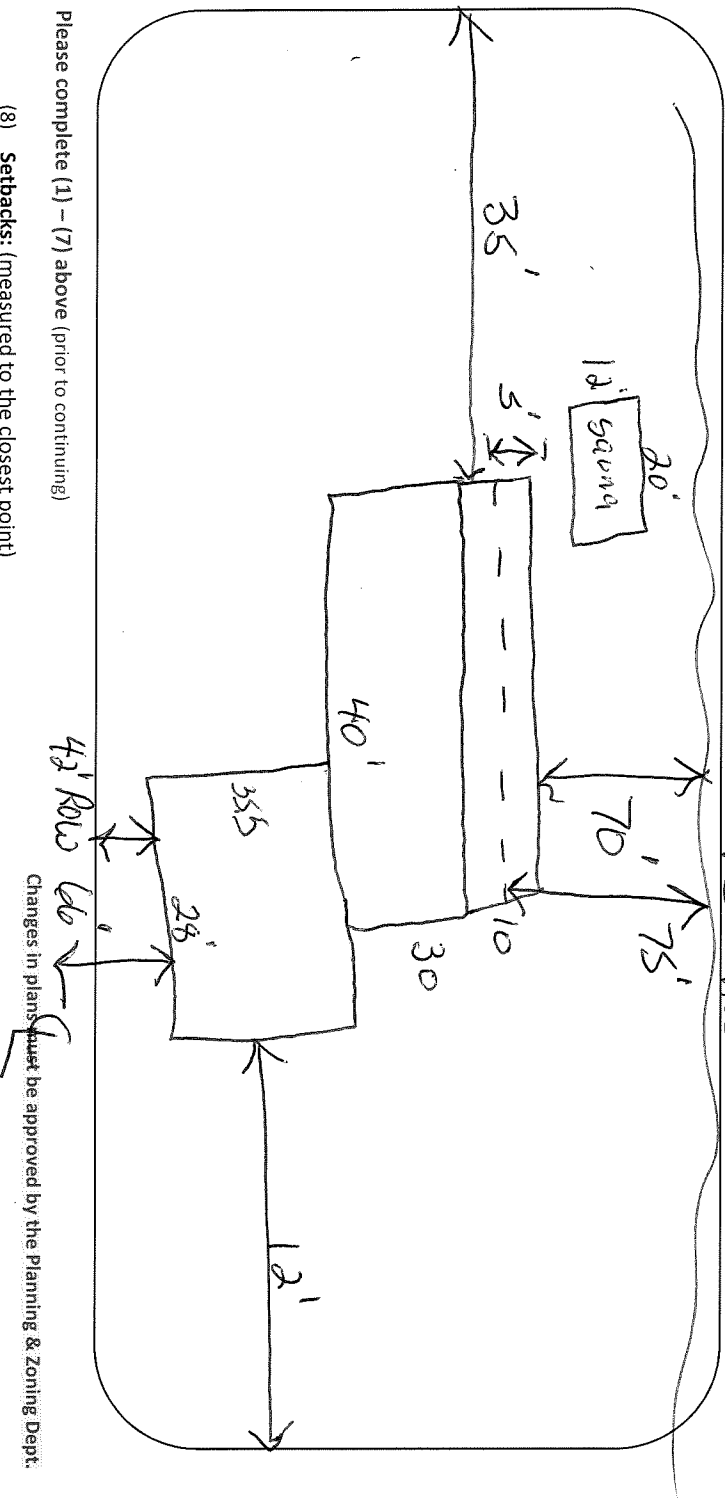
Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)			(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)			(X)	
<input checked="" type="checkbox"/> Residential Use		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
<input type="checkbox"/> Commercial Use		with Attached Garage	(X)	
		Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(X)	
		Mobile Home (manufactured date)	(X)	
<input checked="" type="checkbox"/> Addition/Alteration (specify)		Deck (Gazebo)	(5 x 40)	200
<input type="checkbox"/> Accessory Building (specify)			(X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)			(X)	
<input type="checkbox"/> Special Use: (explain)			(X)	
<input type="checkbox"/> Conditional Use: (explain)			(X)	
<input type="checkbox"/> Other: (explain)			(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners, all Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Mike Fortak Date 10/9/2017
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 67360 W. Crystal Lake Rd, Fenton River, WI Attach ✓
54847 Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road		Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	46 Feet	Setback from the River, Stream, Creek	70' Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	43 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	35 Feet	20% Slope Area on the property	Yes No
Setback from the East Lot Line	12 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	TBD Feet	Setback to Well	TBD Feet
Setback to Drain Field	TBD Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0424		Permit Date: 10-18-17			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: 200' of deck to be located less than 75' from OHWM. This is accomplished with "Gabco Permit". Location is code compliant. OK to issue LO permit.		Zoning District (R-1)			
Date of Inspection: 9/18/2012		Inspected by: Robert Schuman		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached)					
No more than 200 Square feet of deck shall be located less than 75 feet from the OHWM.					
Signature of Inspector: [Signature]		Date of Approval: 2/10/17			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

City, Village, State or Federal
May Also Be Required

LAND USE – X
SANITARY – 17-125S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0424** Issued To: **Gerald & Deborah Olson / Mike Furtak, Agent**

Location: - ¼ of - ¼ Section **15** Township **47** N. Range **9** W. Town of **Hughes**

Par in
Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1 - Story; Gazebo (5' x 40') = 200 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No more than 200 sq. ft. of deck shall be located less than 75 feet from OHWM.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

October 18, 2017

Date